

State of Nevada
Board of Examiners for Social Workers
4600 Kietzke Lane – C-121 Reno, NV 89502

Applicant: Complete the top portion of this form and send it to each state in which you are or have been certified, registered or licensed. The agency issuing the license, registration or certification should complete the form and return it directly to this office. Some states require a fee for this service.

The Nevada State Board of Examiners for Social Workers has received an application for social work license from:

Name:

Date of Birth:

License #:

Social Security #:

-
- | | | |
|--|----------------|------|
| 1. Is this individual currently certified or licensed in your state? | Yes | No |
| If yes, date of issue: | At what level? | |
| 2. Is the license currently in good standing? | Yes | No |
| 3. What was the basis for certification or licensure in your state? | Endorsement | Exam |
| | Grandfathered | |

If licensed by exam, please complete the following:

Was exam ASWB (AASSWB)?	Yes No	Examination Level
Passing Score	Applicant's Score	Examination Date

Were postgraduate supervised hours a requirement for licensure or certification? Yes No

If yes, what was the requirement?

If yes, what were the qualifications for the supervisor(s)

If yes, how often did the supervisor and applicant meet?

4. Has this certification/license ever been suspended, revoked, restricted or otherwise encumbered?
- | | | |
|-----|----|-------------------------|
| Yes | No | If yes, please explain: |
|-----|----|-------------------------|

5. Has this individual ever been the subject of any disciplinary action? Yes No
- If yes, please explain:

6. Are there any unresolved complaints pending against this individual? Yes No
- If yes, please explain:

Signature

State

Seal